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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 8244

First Inventor or Application Identifier Gayle Marie Frankenbach, et al.

Title METHODS FOR IMPROVING THE PERFORMANCE OF FABRIC WRINKLE CONTROL COMPOSITIONS

Express Mail Label No. EK991716407US 5/15/01

**APPLICATION ELEMENTS**

See MPEP Chapter 600 concerning utility patent application contents.

Commissioner for Patents

ADDRESS TO: Box Patent Application  
Washington, D.C. 20231

1.  Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original, and a duplicate for fee processing)
2.  Applicant claims small entity status  
(see 37 CFR §1.27)
3.  Specification Total Pages  [ ]  
(preferred arrangement set forth below)
  - Descriptive Title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R&D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4.  Drawing(s) (35 USC §113) Total Sheets [1]
5. Oath or Declaration Total pages  [ ]  
  - a.  Newly executed (original or copy)
  - b.  Copy from a prior application (37 CFR §1.63(d))  
(for continuation/divisional with Box 17 complete)
    - i.  DELETION OF INVENTORS  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR §§1.63(d)(2) and 1.33(b).
6.  Application Data Sheet. See 37 CFR §1.76

7.  CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)
  - a.  Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i.  CD-ROM or CD-R (2 copies); or
    - ii.  Paper
  - c.  Statement verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

9.  Assignment Papers (cover sheet & document(s))
10.  37 CFR 3.73(b) Statement  Power of Attorney  
(when there is an assignee)
11.  English Translation Document (if applicable)
12.  Information Disclosure  Copies of IDS Statement (IDS)/PTO-1449 Citations
13.  Preliminary Amendment
14.  Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15.  Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16.  Other: .....

17. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in the preliminary amendment, or in an Application Data Sheet under 37 CFR §1.76:

Continuation  Divisional  Continuation-in-part (CIP) of prior application No. /

Prior application information: Examiner: \_\_\_\_\_ Group/Art Unit: \_\_\_\_\_

For **CONTINUATION OR DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**17. CORRESPONDENCE ADDRESS**

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| Name (Print/Type) | Frank C. Turner   | Registration No. (Attorney/Agent) | 39,863         |
| Signature         |  | Date                              | March 13, 2001 |

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| <b>FEE TRANSMITTAL</b><br><b>for FY 2001</b>       |  | <b>Complete if Known</b>    |                                |
| Patent fees are subject to annual revision.        |  | <i>Application Number</i>   |                                |
|  |  | <i>Filing Date</i>          |                                |
|  |  | <i>First Named Inventor</i> | <b>Gayle Marie Frankenbach</b> |
|  |  | <i>Examiner Name</i>        |                                |
|  |  | <i>Group/Art Unit</i>       |                                |
| <b>TOTAL AMOUNT OF PAYMENT</b> <b>(\$)</b> 1790.00 |  | <b>Attorney Docket No.</b>  | 8244                           |

| <b>METHOD OF PAYMENT (check one)</b>  |                      | <b>FEES CALCULATION (continued)</b>   |                 |  |                          |                            |                 |                 |          |     |     |     |    |                                     |                          |     |    |     |    |  |                          |     |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |      |  |                          |     |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |  |                          |     |     |     |     |  |                          |     |       |     |     |  |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |                           |  |  |  |                          |                           |  |  |  |                          |   |  |   |  |  |
|---|----------------------|---|-----------------|--|--------------------------|----------------------------|-----------------|-----------------|----------|-----|-----|-----|----|-------------------------------------|--------------------------|-----|----|-----|----|--|--------------------------|-----|-----|-----|-----|---------------------------|--------------------------|-----|-------|-----|-------|--|--------------------------|-----|------|-----|------|--|--------------------------|-----|--------|-----|--------|---|--------------------------|-----|-----|-----|----|--|--------------------------|-----|-----|-----|-----|--|--------------------------|-----|-----|-----|-----|--|--------------------------|-----|-------|-----|-----|--|--------------------------|-----|-------|-----|-----|--|--------------------------|-----|-----|-----|-----|------------------|--------------------------|-----|-----|-----|-----|--|--------------------------|-----|-----|-----|-----|--------------------------|--------------------------|-----|-------|-----|-------|---|--------------------------|-----|-----|-----|----|----------------------------------|--------------------------|-----|-------|-----|-----|------------------------------------|--------------------------|-----|-------|-----|-----|--------------------------------|--------------------------|-----|-----|-----|-----|------------------|--------------------------|-----|-----|-----|-----|-----------------|--------------------------|-----|-----|-----|-----|-------------------------------|--------------------------|-----|----|-----|----|---|--------------------------|-----|-----|-----|-----|-------------------|--------------------------|-----|----|-----|----|--|--------------------------|-----|-----|-----|-----|---|--------------------------|-----|-----|-----|-----|--|--------------------------|-----|-----|-----|-----|---|--------------------------|-----|-----|-----|-----|---|--------------------------|---------------------------|--|--|--|--------------------------|---------------------------|--|--|--|--------------------------|---|--|---|--|--|
| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:<br/>Deposit Account Number <b>16-2480</b><br/>Deposit Account Name <b>The Procter &amp; Gamble Company</b><br/>[X] Charge Any Additional Fee <input type="checkbox"/> Applicant claims small entity status. See 37 CFR §127 Required Under 37 C.F.R. §§1.16 and 1.17</p> <p>2. <input type="checkbox"/> Payment Enclosed:<br/><input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p> |                      | <p><b>3. ADDITIONAL FEES</b></p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td><input type="checkbox"/></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td><input type="checkbox"/></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td><input type="checkbox"/></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td><input type="checkbox"/></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner's action</td><td><input type="checkbox"/></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner's action</td><td><input type="checkbox"/></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within 1<sup>st</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>116</td><td>390</td><td>216</td><td>195</td><td>Extension for reply within 2<sup>nd</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>117</td><td>890</td><td>217</td><td>445</td><td>Extension for reply within 3<sup>rd</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>118</td><td>1,390</td><td>218</td><td>695</td><td>Extension for reply within 4<sup>th</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>128</td><td>1,890</td><td>228</td><td>945</td><td>Extension for reply within 5<sup>th</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td><td>Notice of Appeal</td><td><input type="checkbox"/></td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td><td>Filing a brief in support of an appeal</td><td><input type="checkbox"/></td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td><td>Request for oral hearing</td><td><input type="checkbox"/></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td><input type="checkbox"/></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td><input type="checkbox"/></td></tr> <tr><td>141</td><td>1,240</td><td>241</td><td>620</td><td>Petition to revive - unintentional</td><td><input type="checkbox"/></td></tr> <tr><td>142</td><td>1,240</td><td>242</td><td>620</td><td>Utility issue fee (or reissue)</td><td><input type="checkbox"/></td></tr> <tr><td>143</td><td>440</td><td>243</td><td>220</td><td>Design issue fee</td><td><input type="checkbox"/></td></tr> <tr><td>144</td><td>600</td><td>244</td><td>300</td><td>Plant issue fee</td><td><input type="checkbox"/></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td><input type="checkbox"/></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Petitions related to provisional applications</td><td><input type="checkbox"/></td></tr> <tr><td>126</td><td>240</td><td>126</td><td>240</td><td>Submission of IDS</td><td><input type="checkbox"/></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td><input type="checkbox"/></td></tr> <tr><td>146</td><td>710</td><td>246</td><td>355</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td><input type="checkbox"/></td></tr> <tr><td>149</td><td>710</td><td>249</td><td>355</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td><input type="checkbox"/></td></tr> <tr><td>179</td><td>710</td><td>279</td><td>355</td><td>Request for Continued Examination (RCE)</td><td><input type="checkbox"/></td></tr> <tr><td>169</td><td>710</td><td>249</td><td>355</td><td>Request for expedited examination of a design application</td><td><input type="checkbox"/></td></tr> <tr><td colspan="4">Other fee (specify) _____</td><td><input type="checkbox"/></td></tr> <tr><td colspan="4">Other fee (specify) _____</td><td><input type="checkbox"/></td></tr> <tr> <td colspan="2"><b>SUBTOTAL (2)</b> <b>(\$)</b> [1080.]</td> <td colspan="2"><b>* Reduced by Basic Filing Fee Paid</b></td> <td><b>SUBTOTAL (3)</b> <b>(\$)</b> <input type="checkbox"/></td> </tr> </tbody> </table> |                 | Large Entity Fee Code (\$)   | Entity Fee Code (\$)     | Small Entity Fee Code (\$) | Entity Fee (\$) | Fee Description | Fee Paid | 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath | <input type="checkbox"/> | 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet | <input type="checkbox"/> | 139 | 130 | 139 | 130 | Non-English specification | <input type="checkbox"/> | 147 | 2,520 | 147 | 2,520 | For filing a request for <i>ex parte</i> reexamination | <input type="checkbox"/> | 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner's action | <input type="checkbox"/> | 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner's action | <input type="checkbox"/> | 115 | 110 | 215 | 55 | Extension for reply within 1 <sup>st</sup> month | <input type="checkbox"/> | 116 | 390 | 216 | 195 | Extension for reply within 2 <sup>nd</sup> month | <input type="checkbox"/> | 117 | 890 | 217 | 445 | Extension for reply within 3 <sup>rd</sup> month | <input type="checkbox"/> | 118 | 1,390 | 218 | 695 | Extension for reply within 4 <sup>th</sup> month | <input type="checkbox"/> | 128 | 1,890 | 228 | 945 | Extension for reply within 5 <sup>th</sup> month | <input type="checkbox"/> | 119 | 310 | 219 | 155 | Notice of Appeal | <input type="checkbox"/> | 120 | 310 | 220 | 155 | Filing a brief in support of an appeal | <input type="checkbox"/> | 121 | 270 | 221 | 135 | Request for oral hearing | <input type="checkbox"/> | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding | <input type="checkbox"/> | 140 | 110 | 240 | 55 | Petition to revive - unavoidable | <input type="checkbox"/> | 141 | 1,240 | 241 | 620 | Petition to revive - unintentional | <input type="checkbox"/> | 142 | 1,240 | 242 | 620 | Utility issue fee (or reissue) | <input type="checkbox"/> | 143 | 440 | 243 | 220 | Design issue fee | <input type="checkbox"/> | 144 | 600 | 244 | 300 | Plant issue fee | <input type="checkbox"/> | 122 | 130 | 122 | 130 | Petitions to the Commissioner | <input type="checkbox"/> | 123 | 50 | 123 | 50 | Petitions related to provisional applications | <input type="checkbox"/> | 126 | 240 | 126 | 240 | Submission of IDS | <input type="checkbox"/> | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | <input type="checkbox"/> | 146 | 710 | 246 | 355 | Filing a submission after final rejection (37 CFR § 1.129(a)) | <input type="checkbox"/> | 149 | 710 | 249 | 355 | For each additional invention to be examined (37 CFR § 1.129(b)) | <input type="checkbox"/> | 179 | 710 | 279 | 355 | Request for Continued Examination (RCE) | <input type="checkbox"/> | 169 | 710 | 249 | 355 | Request for expedited examination of a design application | <input type="checkbox"/> | Other fee (specify) _____ |  |  |  | <input type="checkbox"/> | Other fee (specify) _____ |  |  |  | <input type="checkbox"/> | <b>SUBTOTAL (2)</b> <b>(\$)</b> [1080.] |  | <b>* Reduced by Basic Filing Fee Paid</b> |  | <b>SUBTOTAL (3)</b> <b>(\$)</b> <input type="checkbox"/> |
| Large Entity Fee Code (\$)  | Entity Fee Code (\$) | Small Entity Fee Code (\$)  | Entity Fee (\$) | Fee Description  | Fee Paid                 |                            |                 |                 |          |     |     |     |    |                                     |                          |     |    |     |    |  |                          |     |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |      |  |                          |     |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |  |                          |     |     |     |     |  |                          |     |       |     |     |  |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |                           |  |  |  |                          |                           |  |  |  |                          |   |  |   |  |  |
| 105   | 130                  | 205   | 65              | Surcharge - late filing fee or oath  | <input type="checkbox"/> |                            |                 |                 |          |     |     |     |    |                                     |                          |     |    |     |    |  |                          |     |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |      |  |                          |     |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |  |                          |     |     |     |     |  |                          |     |       |     |     |  |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |                           |  |  |  |                          |                           |  |  |  |                          |   |  |   |  |  |
| 127   | 50                   | 227   | 25              | Surcharge - late provisional filing fee or cover sheet                     | <input type="checkbox"/> |                            |                 |                 |          |     |     |     |    |                                     |                          |     |    |     |    |  |                          |     |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |      |  |                          |     |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |  |                          |     |     |     |     |  |                          |     |       |     |     |  |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |                           |  |  |  |                          |                           |  |  |  |                          |   |  |   |  |  |
| 139   | 130                  | 139   | 130             | Non-English specification  | <input type="checkbox"/> |                            |                 |                 |          |     |     |     |    |                                     |                          |     |    |     |    |  |                          |     |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |      |  |                          |     |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |  |                          |     |     |     |     |  |                          |     |       |     |     |  |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |                           |  |  |  |                          |                           |  |  |  |                          |   |  |   |  |  |
| 147   | 2,520                | 147   | 2,520           | For filing a request for <i>ex parte</i> reexamination                     | <input type="checkbox"/> |                            |                 |                 |          |     |     |     |    |                                     |                          |     |    |     |    |  |                          |     |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |      |  |                          |     |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |  |                          |     |     |     |     |  |                          |     |       |     |     |  |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |                           |  |  |  |                          |                           |  |  |  |                          |   |  |   |  |  |
| 112   | 920*                 | 112   | 920*            | Requesting publication of SIR prior to Examiner's action                   | <input type="checkbox"/> |                            |                 |                 |          |     |     |     |    |                                     |                          |     |    |     |    |  |                          |     |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |      |  |                          |     |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |  |                          |     |     |     |     |  |                          |     |       |     |     |  |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |                           |  |  |  |                          |                           |  |  |  |                          |   |  |   |  |  |
| 113   | 1,840*               | 113   | 1,840*          | Requesting publication of SIR after Examiner's action                      | <input type="checkbox"/> |                            |                 |                 |          |     |     |     |    |                                     |                          |     |    |     |    |  |                          |     |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |      |  |                          |     |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |  |                          |     |     |     |     |  |                          |     |       |     |     |  |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |                           |  |  |  |                          |                           |  |  |  |                          |   |  |   |  |  |
| 115   | 110                  | 215   | 55              | Extension for reply within 1 <sup>st</sup> month                           | <input type="checkbox"/> |                            |                 |                 |          |     |     |     |    |                                     |                          |     |    |     |    |  |                          |     |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |      |  |                          |     |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |  |                          |     |     |     |     |  |                          |     |       |     |     |  |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |                           |  |  |  |                          |                           |  |  |  |                          |   |  |   |  |  |
| 116   | 390                  | 216   | 195             | Extension for reply within 2 <sup>nd</sup> month                           | <input type="checkbox"/> |                            |                 |                 |          |     |     |     |    |                                     |                          |     |    |     |    |  |                          |     |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |      |  |                          |     |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |  |                          |     |     |     |     |  |                          |     |       |     |     |  |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |                           |  |  |  |                          |                           |  |  |  |                          |   |  |   |  |  |
| 117   | 890                  | 217   | 445             | Extension for reply within 3 <sup>rd</sup> month                           | <input type="checkbox"/> |                            |                 |                 |          |     |     |     |    |                                     |                          |     |    |     |    |  |                          |     |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |      |  |                          |     |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |  |                          |     |     |     |     |  |                          |     |       |     |     |  |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |                           |  |  |  |                          |                           |  |  |  |                          |   |  |   |  |  |
| 118   | 1,390                | 218   | 695             | Extension for reply within 4 <sup>th</sup> month                           | <input type="checkbox"/> |                            |                 |                 |          |     |     |     |    |                                     |                          |     |    |     |    |  |                          |     |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |      |  |                          |     |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |  |                          |     |     |     |     |  |                          |     |       |     |     |  |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |                           |  |  |  |                          |                           |  |  |  |                          |   |  |   |  |  |
| 128   | 1,890                | 228   | 945             | Extension for reply within 5 <sup>th</sup> month                           | <input type="checkbox"/> |                            |                 |                 |          |     |     |     |    |                                     |                          |     |    |     |    |  |                          |     |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |      |  |                          |     |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |  |                          |     |     |     |     |  |                          |     |       |     |     |  |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |                           |  |  |  |                          |                           |  |  |  |                          |   |  |   |  |  |
| 119   | 310                  | 219   | 155             | Notice of Appeal   | <input type="checkbox"/> |                            |                 |                 |          |     |     |     |    |                                     |                          |     |    |     |    |  |                          |     |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |      |  |                          |     |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |  |                          |     |     |     |     |  |                          |     |       |     |     |  |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |                           |  |  |  |                          |                           |  |  |  |                          |   |  |   |  |  |
| 120   | 310                  | 220   | 155             | Filing a brief in support of an appeal                                     | <input type="checkbox"/> |                            |                 |                 |          |     |     |     |    |                                     |                          |     |    |     |    |  |                          |     |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |      |  |                          |     |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |  |                          |     |     |     |     |  |                          |     |       |     |     |  |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |                           |  |  |  |                          |                           |  |  |  |                          |   |  |   |  |  |
| 121   | 270                  | 221   | 135             | Request for oral hearing   | <input type="checkbox"/> |                            |                 |                 |          |     |     |     |    |                                     |                          |     |    |     |    |  |                          |     |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |      |  |                          |     |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |  |                          |     |     |     |     |  |                          |     |       |     |     |  |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |                           |  |  |  |                          |                           |  |  |  |                          |   |  |   |  |  |
| 138   | 1,510                | 138   | 1,510           | Petition to institute a public use proceeding                              | <input type="checkbox"/> |                            |                 |                 |          |     |     |     |    |                                     |                          |     |    |     |    |  |                          |     |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |      |  |                          |     |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |  |                          |     |     |     |     |  |                          |     |       |     |     |  |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |                           |  |  |  |                          |                           |  |  |  |                          |   |  |   |  |  |
| 140   | 110                  | 240   | 55              | Petition to revive - unavoidable   | <input type="checkbox"/> |                            |                 |                 |          |     |     |     |    |                                     |                          |     |    |     |    |  |                          |     |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |      |  |                          |     |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |  |                          |     |     |     |     |  |                          |     |       |     |     |  |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |                           |  |  |  |                          |                           |  |  |  |                          |   |  |   |  |  |
| 141   | 1,240                | 241   | 620             | Petition to revive - unintentional   | <input type="checkbox"/> |                            |                 |                 |          |     |     |     |    |                                     |                          |     |    |     |    |  |                          |     |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |      |  |                          |     |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |  |                          |     |     |     |     |  |                          |     |       |     |     |  |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |                           |  |  |  |                          |                           |  |  |  |                          |   |  |   |  |  |
| 142   | 1,240                | 242   | 620             | Utility issue fee (or reissue)   | <input type="checkbox"/> |                            |                 |                 |          |     |     |     |    |                                     |                          |     |    |     |    |  |                          |     |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |      |  |                          |     |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |  |                          |     |     |     |     |  |                          |     |       |     |     |  |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |                           |  |  |  |                          |                           |  |  |  |                          |   |  |   |  |  |
| 143   | 440                  | 243   | 220             | Design issue fee   | <input type="checkbox"/> |                            |                 |                 |          |     |     |     |    |                                     |                          |     |    |     |    |  |                          |     |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |      |  |                          |     |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |  |                          |     |     |     |     |  |                          |     |       |     |     |  |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |                           |  |  |  |                          |                           |  |  |  |                          |   |  |   |  |  |
| 144   | 600                  | 244   | 300             | Plant issue fee  | <input type="checkbox"/> |                            |                 |                 |          |     |     |     |    |                                     |                          |     |    |     |    |  |                          |     |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |      |  |                          |     |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |  |                          |     |     |     |     |  |                          |     |       |     |     |  |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |                           |  |  |  |                          |                           |  |  |  |                          |   |  |   |  |  |
| 122   | 130                  | 122   | 130             | Petitions to the Commissioner  | <input type="checkbox"/> |                            |                 |                 |          |     |     |     |    |                                     |                          |     |    |     |    |  |                          |     |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |      |  |                          |     |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |  |                          |     |     |     |     |  |                          |     |       |     |     |  |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |                           |  |  |  |                          |                           |  |  |  |                          |   |  |   |  |  |
| 123   | 50                   | 123   | 50              | Petitions related to provisional applications                              | <input type="checkbox"/> |                            |                 |                 |          |     |     |     |    |                                     |                          |     |    |     |    |  |                          |     |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |      |  |                          |     |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |  |                          |     |     |     |     |  |                          |     |       |     |     |  |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |                           |  |  |  |                          |                           |  |  |  |                          |   |  |   |  |  |
| 126   | 240                  | 126   | 240             | Submission of IDS  | <input type="checkbox"/> |                            |                 |                 |          |     |     |     |    |                                     |                          |     |    |     |    |  |                          |     |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |      |  |                          |     |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |  |                          |     |     |     |     |  |                          |     |       |     |     |  |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |                           |  |  |  |                          |                           |  |  |  |                          |   |  |   |  |  |
| 581   | 40                   | 581   | 40              | Recording each patent assignment per property (times number of properties) | <input type="checkbox"/> |                            |                 |                 |          |     |     |     |    |                                     |                          |     |    |     |    |  |                          |     |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |      |  |                          |     |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |  |                          |     |     |     |     |  |                          |     |       |     |     |  |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |                           |  |  |  |                          |                           |  |  |  |                          |   |  |   |  |  |
| 146   | 710                  | 246   | 355             | Filing a submission after final rejection (37 CFR § 1.129(a))              | <input type="checkbox"/> |                            |                 |                 |          |     |     |     |    |                                     |                          |     |    |     |    |  |                          |     |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |      |  |                          |     |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |  |                          |     |     |     |     |  |                          |     |       |     |     |  |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |                           |  |  |  |                          |                           |  |  |  |                          |   |  |   |  |  |
| 149   | 710                  | 249   | 355             | For each additional invention to be examined (37 CFR § 1.129(b))           | <input type="checkbox"/> |                            |                 |                 |          |     |     |     |    |                                     |                          |     |    |     |    |  |                          |     |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |      |  |                          |     |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |  |                          |     |     |     |     |  |                          |     |       |     |     |  |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |                           |  |  |  |                          |                           |  |  |  |                          |   |  |   |  |  |
| 179   | 710                  | 279   | 355             | Request for Continued Examination (RCE)                                    | <input type="checkbox"/> |                            |                 |                 |          |     |     |     |    |                                     |                          |     |    |     |    |  |                          |     |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |      |  |                          |     |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |  |                          |     |     |     |     |  |                          |     |       |     |     |  |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |                           |  |  |  |                          |                           |  |  |  |                          |   |  |   |  |  |
| 169   | 710                  | 249   | 355             | Request for expedited examination of a design application                  | <input type="checkbox"/> |                            |                 |                 |          |     |     |     |    |                                     |                          |     |    |     |    |  |                          |     |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |      |  |                          |     |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |  |                          |     |     |     |     |  |                          |     |       |     |     |  |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |                           |  |  |  |                          |                           |  |  |  |                          |   |  |   |  |  |
| Other fee (specify) _____   |                      |   |                 | <input type="checkbox"/>   |                          |                            |                 |                 |          |     |     |     |    |                                     |                          |     |    |     |    |  |                          |     |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |      |  |                          |     |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |  |                          |     |     |     |     |  |                          |     |       |     |     |  |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |                           |  |  |  |                          |                           |  |  |  |                          |   |  |   |  |  |
| Other fee (specify) _____   |                      |   |                 | <input type="checkbox"/>   |                          |                            |                 |                 |          |     |     |     |    |                                     |                          |     |    |     |    |  |                          |     |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |      |  |                          |     |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |  |                          |     |     |     |     |  |                          |     |       |     |     |  |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |                           |  |  |  |                          |                           |  |  |  |                          |   |  |   |  |  |
| <b>SUBTOTAL (2)</b> <b>(\$)</b> [1080.]   |                      | <b>* Reduced by Basic Filing Fee Paid</b>   |                 | <b>SUBTOTAL (3)</b> <b>(\$)</b> <input type="checkbox"/>                   |                          |                            |                 |                 |          |     |     |     |    |                                     |                          |     |    |     |    |  |                          |     |     |     |     |                           |                          |     |       |     |       |  |                          |     |      |     |      |  |                          |     |        |     |        |   |                          |     |     |     |    |  |                          |     |     |     |     |  |                          |     |     |     |     |  |                          |     |       |     |     |  |                          |     |       |     |     |  |                          |     |     |     |     |                  |                          |     |     |     |     |  |                          |     |     |     |     |                          |                          |     |       |     |       |   |                          |     |     |     |    |                                  |                          |     |       |     |     |                                    |                          |     |       |     |     |                                |                          |     |     |     |     |                  |                          |     |     |     |     |                 |                          |     |     |     |     |                               |                          |     |    |     |    |   |                          |     |     |     |     |                   |                          |     |    |     |    |  |                          |     |     |     |     |   |                          |     |     |     |     |  |                          |     |     |     |     |   |                          |     |     |     |     |   |                          |                           |  |  |  |                          |                           |  |  |  |                          |   |  |   |  |  |

|                     |   |                                      |                          |
|---------------------|---|--------------------------------------|--------------------------|
| <b>SUBMITTED BY</b> |   | <b>Complete (if applicable)</b>      |                          |
| Name (Print/Type)   | Frank C. Turner   | Registration No.<br>(Attorney/Agent) | 39,863                   |
| Signature           |  |                                      | Telephone (513) 626-3388 |
| Date                | March 13, 2001  |                                      |                          |

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